	1. TRANSMITTAL NUMBER:	2. STATE:		
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 0 - 0 2 1	Iowa		
STATE PLAN MATERIAL		E VIV OF THE COCIAL		
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITL SECURITY ACT (MEDICAID)	E XIX OF THE SOCIAL		
	(M22107.12)			
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE			
HEALTH CARE FINANCING ADMINISTRATION	T1 1 2000			
DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2000			
5. TYPE OF PLAN MATERIAL (Check One):				
☐ NEW STATE PLAN ☐ AMENDMENT TO BE COM	NSIDERED AS NEW PLAN	MENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	DMENT (Separate Transmittal for each am	endment)		
6. FEDERAL STATUTE/REGULATION CITATION:				
Sections 1902a(10) and 1902(a)(30) of the	a. FFY 00 \$ 3,			
Act	b. FFY <u>01</u> \$ 25,			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERSE OR ATTACHMENT (If Applicable):	EDED PLAN SECTION		
Attachment 4.19-A, page 26	Attachment 4.19-A, page	26. (MS-00-3/1)		
Attachment 4.19-B, pages 2 and5	Attachment 4.19-B, page			
	(MS-99-9) and page 5	4 ,		
	(MS-93-45)			
10. SUBJECT OF AMENDMENT:				
Noninstitutional provider rate increases for st	ate fiscal year 2001			
11. GOVERNOR'S REVIEW (Check One):				
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:			
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED				
□ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
12. SIGNATURE OF STATE AGENCY OFFICIAL:	6. RETURN TO:			
On KR	o. Heroriii To.			
13. TYPED NAME:	Director			
Jessie K. Rasmussen	Department of Human Services			
14. TITLE:	Hoover State Office Building, 5th Floor			
Director	Des Moines, IA 50319-0114			
15. DATE SUBMITTED:	,,,			
September 27, 2000				
FOR REGIONAL OFF	ICE USE ONLY			
17. DATE RECEIVED:	18. DATE APPROVED:			
10/02/00	DEC 20 2000			
PLAN APPROVED - OF				
	20. SIGNATURE OF REGIONAL OFFICIAL	:		
JUL 1 2000	Brenda Jackson Ja			
	22. TITLE:			
Thomas W. Lenz	ARA for Medicaid and State Op	erations		
23. REMARKS:				
cc:	SPA CONTROL			
Rasmussen	'A CUNTRUL			
4.	Date Submitted 09/27/00			
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Methods and Standards for Establishing Payment Rates for Other Types of Care

Clinic Services

The basis of payment for clinics is fee schedule based on the physician and dentist fee schedule. The basis of payment for free-standing renal dialysis clinics is a fee schedule based on professional recommendations and Departmental review.

Certified Registered Nurse Anesthetists (CRNAs)

Reimbursement for CRNA services is made using the HCFA fee schedule (CPT-4) anesthesiology procedure list and associated base units. When the CRNA receives medical direction from the surgeon, reimbursement to the CRNA is 80% of the amount which would be paid to an anesthesiologists (MD or DO). When the CRNA receives medical direction from an anesthesiologist, reimbursement to the CRNA is 60% of what an anesthesiologist would receive for the same procedure.

Adjustment of Payment Rates

Reimbursement changes effective July 1, 2000, include:

- An increase to 75% of the usual and customary rate for dental services.
- ♦ An increase of 3% over the June 30, 2000, rates for hospital services.
- An increase of 17.33% over the June 30, 2000 rate for community mental health centers.
- Home health agency providers, including HCBS waiver home health providers, will return to the cost-based Medicare rate.
- An increase of 0.7% over the June 30, 2000, rates for the following providers and services:

Ambulance Area education agencies Birth centers Certified registered nurse anesthetists Durable medical equipment and sickroom supplies Family planning clinics Hearing aid dealers

Lead inspection agencies Maternal health centers **Opticians** Orthopedic shoe dealers **Pharmacists** Rehabilitation agencies Screening centers

State Plan TN No.	MS-00-21 (substitute)	Effective	JUL 1 2003
Superseded TN No.	MS-99-9	Approved	DEC 0 0202
		•	DEC 2 3 2000

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Attachment 4.19-B Page 2a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Methods and Standards for Establishing Payment Rates for Other Types of Care

Adjustment of Payment Rates (Cont.)

Reimbursement changes effective November 1, 2000, increase the rate in effect on January 1, 2000, under the Iowa Medicaid fee schedule established using the resource-based relative value scale (RBRVS) methodology for the following providers:

Audiologists

Chiropractors

Clinics

Family and pediatric nurse practitioners

Nurse midwives

Optometrists

Physical therapists

Physicians (MD and DO)

Podiatrists

Psychologists

Psychiatric Institutions for Children

Inpatient services provided by psychiatric medical institutions for children are reimbursed on the basis of actual cost as established under the Department's purchase of service system. Effective July 1, 2000, psychiatric medical institutions for children will be reimbursed on per diem rates for actual costs on June 30, 2000, not to exceed \$147.20 a day.

State Plan TN No. MS-00-2 Superseded TN No. MS-99-9

MS-00-21 (substitute)

Effective

JUL 1 2000

Approved ________

Methods and Standards for Establishing Payment Rates for Inpatient Hospital Care

25. Reimbursement of Malpractice Costs

In order to treat all hospitals equally and spread malpractice reimbursement payments equitably over future years, each hospital's base year payment amount reflects a direct apportionment of 7.5% of malpractice premiums incurred in that year of Medicaid.

26. Recovery of Overpayments

When it has been determined that an inpatient hospital provider has been overpaid, a notice of overpayment and request for refund is sent to the provider. The notice states that if the provider fails to submit a refund or an acceptable response to the notice within 30 days, the amount of the overpayment will be withheld from weekly payments to the provider.

27. Fixed Rate

New DRG rates are effective beginning October 1, 1999. Effective July 1, 2000, rates for hospital inpatient services are increased 3% over the June 30, 2000, rates.

28. Rate Adjustments for Hospital Mergers

When one or more hospitals merge to form a distinctly different legal entity, the base rate plus applicable add-ons are revised to reflect this new operation. Financial information from the original cost reports and original rate calculations is added together and averaged to form the new rate for that entity.

29. Interim Payment for Long-Stay Patients

Normal DRG reimbursement is made upon the patient's discharge from the hospital. Occasionally, a patient may have an extremely long stay, where partial reimbursement to the hospital may be necessary. A hospital can request an interim payment if the patient has been hospitalized 120 days and is expected to remain hospitalized for a minimum of an additional 60 days. Payment to the hospital is calculated at the same rate as normal DRG payments.

TN No.	MS-00-21	Approved	#\$ 0.00 miles
Supersedes TN No.	MS-99-34	Effective	'JUL - 1 2003

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